

# Child Change of Sex or Gender Birth Registered in the Northern Territory

You can use this form to apply to the Registrar of Births, Deaths and Marriages (BDM) to record a change of sex or gender on the register and to note the change of sex or gender on your child's birth certificate. Please note that you can only make this application if the birth record for your child has been registered in the Northern Territory.

The Parents, Parent (if a sole or only surviving parent) or Legal Guardian of a child whose birth is registered in the Northern Territory and who is **under 18 years** of age, may apply to the Registrar to have the record of the child's sex or gender altered on the birth certificate. If the child has attained the age of 14 years, the child must consent to the change of sex or gender application.

## Identification Requirements

Sufficient identification of the parent(s) and/or guardian(s) must be produced such as a passport, birth certificate and driver's license in accordance with the Registrar's Identification Requirements policy (at least two forms of identification are required).

## Old Birth Certificates

Any existing birth certificates are to be submitted to the BDM Office for notation that the certificate has been superseded. The certificate(s) can be returned to the applicant(s)<sup>1</sup>.

## New Birth Certificates

When the change of sex or gender is registered, a birth certificate issued from the Register will show the changed sex or gender.

The birth certificate will not include a statement that the child has changed sex or gender or what their previous sex or gender was. Any changes of name recorded prior to an application for notation of change of sex or gender, which indicate that the child may have changed sex or gender, will not as a general rule be printed on the reverse of the birth certificate, unless specifically requested by the applicant(s).

A name change recorded at the time of the sex or gender change registration, which infers that a sex or gender change has taken place, will not be printed on the birth certificate unless this is requested by the applicant(s).

## Change of Name

If the child's name is to be changed as a result of the change of sex or gender, a Change of Name for a child form must be completed and meet all requirements.

## Previous Change of Name

If the child's name has been previously changed, whether within or outside of the Northern Territory, and the applicant(s) wish to have the name change noted on the birth certificate, the original Change of Name Certificate or Deed Poll etc. will need to be forwarded to the Registry for sighting. There are no fees for noting a change of name on the birth certificate.

## Enquiries

For the full list of fees and if you have any further enquiries about the procedures relating to change of sex or gender, please telephone the BDM Office on (08) 8999 6090 or go to our website at [www.nt.gov.au/law/bdm](http://www.nt.gov.au/law/bdm).

### **PRIVACY STATEMENT**

The Office of Births, Deaths & Marriages is collecting the information on the form so that it can be recorded and preserved in the Register of Change of Sex or Gender and in certain or appropriate circumstances, may be accessed by government agencies, private organisations and members of the public in accordance with the Access Policy issued under the Act. The collection of the information is required by the Northern Territory *Births, Deaths and Marriages Registration Act 1996*. Some or all of this information may be provided to the Australian Bureau of Statistics and other persons or organisations who have adequate reasons for accessing the information. Failure to provide the information may result in penalties, incomplete registration entries and the non-issue of certificates. Your personal information provided on this form can be accessed by you on request. If you have any queries, please contact the Deputy Registrar on (08) 8999 6119

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<sup>1</sup> It is an offence for a person, with the intention to deceive, to produce a birth certificate that shows the person's sex or gender before his or her change of sex or gender.

# Change of Sex or Gender for a Child Born in the Northern Territory

Pursuant to Section 28B of the *Births, Deaths and Marriages Registration Act 1996*

<b>Full Name of Child</b> <i>(who has received appropriate clinical treatment or is an intersex person)</i>	Residential Address
Date of Birth	Place of Birth <span style="float: right;">NT</span>
Full Name of Father	Full Name and Maiden Surname of Mother
Is the child over 14 years of age    YES / NO	Sex at Birth
<b>Full Name of Applicant(s) - Parent(s) or Guardian</b>	<b>Residential Address</b>  <b>Postal</b>  <b>Daytime Telephone No.</b>
Please specify the sex or gender you wish the child to be registered as (tick applicable)	
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary
<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
(tick applicable)	
<input type="checkbox"/> The child has received appropriate clinical treatment <input type="checkbox"/> The child is an intersex person	
<b>Do you wish to legally change the name of the child as a result of this application?</b> If yes, a separate change of name of child form is to be completed OR enclose an original change of name document if the change has already been registered	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I/we attach one of the following (tick applicable)</b>	
<input type="checkbox"/> A Recognition Certificate as defined under the Act	
<input type="checkbox"/> A statement from a registered medical practitioner in support of this application	
<input type="checkbox"/> A statement from a registered psychologist in support of this application	

I ..... solemnly and sincerely declare that  
*State your Full Name*

I believe that the sex or gender of the child to be the sex or gender specified in this application, the information contained in this application is true, and I understand that it is an offence to make a declaration that is false in any material particular; or

I believe the child is an intersex person

.....  
Signature of Applicant

.....  
Date signed

.....  
Place signed

## Change of Sex or Gender - Registration Details continued

I ..... solemnly and sincerely declare that  
*State your Full Name*

- I believe the sex or gender of the child to be the sex or gender specified in this application, the information contained in this application is true and I understand that it is an offence to make a declaration that is false in any material particular; or
- I believe the child is an intersex person

.....  
Signature of Applicant

.....  
Date signed

.....  
Place signed

## Consent of the Child

I ..... the child named in this application,  
*State your Full Name*

solemnly and sincerely declare that,

*(tick applicable)*

- I believe my sex or gender to be the sex or gender specified in this application, the information contained in this application is true.
- I am an intersex person

.....  
Signature of the child

.....  
Date signed

.....  
Place signed

## Medical Practitioner's Statement

This is a confidential disclosure under section 28C(1)(a) of the *Births, Deaths and Marriages Registration Act 1996* for the purposes of **registering a change of sex or gender of a child** who has received appropriate clinical treatment or is an intersex person. The form will be treated in the strictest of confidence.

Full Name of Medical Practitioner	Business Address
Medicare provider number	Daytime telephone number

I, the above named medical practitioner do solemnly and sincerely declare that:

*(Please tick)*

- I am a medical practitioner registered under the Australian Health Practitioner Regulation National Law to practise in the medical profession (other than as a student); and
- the child listed below has received appropriate clinical treatment in relation to their sex or gender;  
or
- the child listed below is an intersex person<sup>2</sup>

\_\_\_\_\_ *Full name of child who has received appropriate clinical treatment or is an intersex person*

whose identity I have verified from documents produced to me and I believe that the said child is the subject of the application.

I support the application of \_\_\_\_\_ to have  
*Child who has received appropriate clinical treatment or is an intersex person*  
their birth certificate noted with a change of sex or gender from

\_\_\_\_\_ to \_\_\_\_\_,  
*State old sex/gender* *State new sex/gender*

and I make this statement conscientiously believing the statements contained above to be true in every particular. I understand that it is an offence to make a declaration that is false in any material particular.

Signature of Medical Practitioner \_\_\_\_\_

Date signed \_\_\_\_\_

Place signed \_\_\_\_\_

<sup>2</sup> Intersex person means a person who is born with physical or biological sex characteristics that do not fit typical classifications of male or female bodies.

## Psychologist's Statement

This is a confidential disclosure under section 28C(1)(a) of the *Births, Deaths and Marriages Registration Act 1996* for the purposes of **registering a change of sex or gender of a child** who has received appropriate clinical treatment or is an intersex person. The form will be treated in the strictest of confidence.

Full Name of Psychologist	Business Address
Medicare provider number	Daytime telephone number

I, the above named psychologist do solemnly and sincerely declare that:

*(Please tick)*

- I am a psychologist registered under the Australian Health Practitioner Regulation National Law to practise in the psychology profession (other than as a student); and
- the child listed below has received appropriate clinical treatment in relation to their sex or gender;  
or
- I am satisfied that the child listed below is an intersex person<sup>3</sup>

\_\_\_\_\_ *Full name of the child who has received appropriate clinical treatment or is an intersex person*

Whose identity I have verified from documents produced to me and I believe that the said child is the subject of the application.

I support the application of \_\_\_\_\_ to have  
*Child who has received appropriate clinical treatment or is an intersex person*  
their birth certificate noted with a change of sex or gender from

\_\_\_\_\_ to \_\_\_\_\_,  
*State old sex/gender* *State new sex/gender*

and I make this statement conscientiously believing the statements contained above to be true in every particular. I understand that it is an offence to make a declaration that is false in any material particular.

Signature of Psychologist \_\_\_\_\_

Date signed \_\_\_\_\_

Place signed \_\_\_\_\_

<sup>3</sup> Intersex person means a person who is born with physical or biological sex characteristics that do not fit typical classifications of male or female bodies.